



ASBESTOS ABATEMENT PROJECT LICENSE APPLICATION
BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION: Standard Removal Emergency Removal Enclosure Encapsulation Cleanup Disposal

FOR OFFICE USE Postmark/Received:	Original/Revised/Cancellation (circle one)	Project License I.D. (For Revisions/Cancellations):
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I. FACILITY OWNER:
MAILING ADDRESS:
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ PHONE: _____

II. REMOVAL CONTRACTOR:
MAILING ADDRESS:
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ PHONE: _____
DHEC CONTRACTOR LICENSE NO. (If applicable): _____ EXPIRATION DATE (MM/DD/YYYY): _____

III. FACILITY NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ COUNTY: _____
SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): _____
BUILDING SIZE: _____ NO. OF FLOORS: _____ AGE IN YEARS: _____
PRESENT USE: _____ PRIOR USE: _____ FUTURE USE: _____

IV. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____
COMPANY: _____ PHONE: _____
DHEC LICENSE NUMBER: _____ EXPIRATION DATE (MM/DD/YYYY): _____

V. PROJECT DESIGN PERFORMED BY (IF APPLICABLE):
COMPANY: _____ PHONE: _____
DHEC LICENSE NUMBER: _____ EXPIRATION DATE (MM/DD/YYYY): _____

VI. ASBESTOS-CONTAINING MATERIALS (ACM) <i>TO BE REMOVED ONLY</i> :		
TYPE (TSI, SURFACING, FLOORING, ROOFING, ETC.)	AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET)	CONDITION (Choose One)
		Friable Non-friable
		Friable Non-friable
		Friable Non-friable
		Friable Non-friable

VII. SCHEDULED DATES OF REMOVAL: START DATE (MM/DD/YYYY): _____	COMPLETION DATE (MM/DD/YYYY): _____
WORK DAYS: _____	WORK HOURS: _____

APPLICATIONS MUST BE SUBMITTED WITH FEES PRIOR TO THE SCHEDULED START DATE AS FOLLOWS:	FEE SCHEDULE FOR FRIABLE ASBESTOS-CONTAINING MATERIALS:
NESHAP PROJECTS: 10 WORKING DAYS	10 CENTS PER SQUARE FOOT OR LINEAR FOOT
SMALL PROJECTS: 5 CALENDAR DAYS	MINIMUM FEE OF \$25.00
MINOR PROJECTS: PRIOR TO ABATEMENT	MAXIMUM FEE OF \$1000.00

VIII. DESCRIPTION OF PLANNED ABATEMENT WORK & METHOD(S) TO BE USED:

IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE RENOVATION SITE:

X. WASTE TRANSPORTER #1:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

PHONE:

WASTE TRANSPORTER #2:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

PHONE:

XI. WASTE DISPOSAL SITE:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

PHONE:

TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA LICENSE NUMBER (IF APPLICABLE):

XII. DESCRIPTION OF EMERGENCY REMOVAL (PLEASE ATTACH A LETTER FROM THE FACILITY OWNER EXPLAINING THE NATURE OF THE EMERGENCY)

DATE OF EMERGENCY (MM/DD/YYYY):

HOUR OF EMERGENCY :

DESCRIPTION OF SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS AND/OR WOULD CAUSE EQUIPMENT DAMAGE AND/OR AN UNREASONABLE FINANCIAL BURDEN:

XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER:

XIV. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(SIGNATURE OF OWNER/OPERATOR)

(DATE - MM/DD/YYYY)

XIV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR)

(DATE - MM/DD/YYYY)